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ABSTRACT

Parent training has been successfully used in the treatment of a wide variety of childhood disorders, but interpretation of the literature has been plagued by the large number of families who discontinue treatment prematurely. To compare parents who discontinued treatment with those who completed parent training, 39 families with externalizing children between the ages of 4 and 7 completed 10 hours of assessment and were assigned to one of two treatment conditions: Social Learning or Parent-Child Interaction Training. Of all the families, 24 completed training and 15 discontinued training against the therapist's advice. Data analysis showed that parents who completed training reported their children as having more major behavior problems than did parents who terminated treatment. However, home observation data indicated no significant differences in the behavior of the children. Those who completed training tended to have a higher income, tended to be from two-parent families, and tended to report slightly more pathology on all measures administered at pretreatment, including the marital adjustment test. There were no differences between the groups on parent or child IQ, expectations for success, or age of the child. The findings suggest that completers perceive their children to be experiencing significant behavior problems, although the differences between completers and dropouts do not reflect an actual difference in severity of the child's pathology. Those who complete treatment may be in more subjective distress and consequently may be more willing to admit and discuss problems than those who terminate prematurely. (JAC)

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SUCCESSFUL COMPLETERS OF PARENT TRAINING: WHO ARE THEY?

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Sucessful Completers of Parent Training:

Who Are They?

Elizabeth A. Robinson and Sharon L. Smith

Abstract

The subjects were 39 families referred for treatment of an externalizing child between the ages of 4 and 7 years. All parents reported 11 or more home behavior problems on the Eyberg Child Behavior Inventory at screening; 24 families completed parent training and 15 discontinued against therapist's advice (0 to 8 sessions). Pretreatment assessment included the MMPI, Stanford-Binet Intelligence Scale (child), Dyadic Ajustment Scale, Child Behavior Checklist, background Information Questionnaire, Pretherapy Expectations, and four home observations of parent-child interaction. Treatment consisted of 12 sessions of parent training using either a contingency management or a parent-child interaction training model. Completers reported significantly fewer child home behavior problems than did those who discontinued, but observational data indicated that the children in both groups were equally disruptive. In addition, there was a trend for those who completed to indicate more pathology on all measures of adult and child adjustment than did those who dropped out of treatment. It was concluded that those who complete parent training are in more subjective distress and may bemore willing to admit and discuss problems than are those who terminate

prematurely.

Successful Completers of Parent Training: Who are They?

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Parent training has been successfully used in the treatment of a wide variety of childhood disorders (O'Dell, 1974), but interpretation of the literature has been plagued by a large number of families who discontinue treatment prematurely (see Kent, 1976). Drop-out rates have been reported to be as high as 47% (Firestone, Kelly, Goodman, & Davey, 1981) and have frequently fallen within the range of 20% to 30% (e.g. Patterson, 1974). The purpose of the present study was to compare parents who discontinued treatment with those who completed parent training in order to describe families for whom new treatment approaches may be needed.

The subjects were 39 families seeking treatment of an externalizing child between the ages of 4 and 7 years. All of the parents reported 11 or more home behavior problems on the Eyberg Child Behavior Inventory (ECBI; Robinson & Eyberg, 1980) at screening. There were 24 families who completed parent training (7 to 14 sessions) and 15 who discontinued against the therapist's advice after 0 to 8 sessions.

All families completed approximately 10 hours of assessment which included the following measures: MMPI, Stanford-Binet (child), Shipley-Hartford (parent IQ), Dyadic Adjustment Scale (Spanier, 1976), Child Behavior Checklist (Achenbach & Edelbrock, 1981), a background information questionnaire, Pretherapy Expectations and four home observations. Assessment was conducted by the therapist and trained undergraduate research assistants.

Families were randomly assigned to one of two treatment conditions, Social Learning (Patterson, 1974) or Parent-Child Interaction Training (Eyberg, 1979), at the time of the initial telephone contact and were informed of the assignment at the completion of the assessment.

Therapists were 6 psychology graduate students who met weekly with their clients for individual one-hour parent-training sessions. Families paid a sliding scale fee of $1 to $24 per session.

Completers of parent training report that their children have more home behavior problems (ECBI) than do parents who terminate treatment prematurely, t (37) = 2.17, $p < .036$. At screening, completers identify an average of 21.6 specific behaviors that they feel are problematic whereas the terminators indicate a mean of 18.0 problems. Home observation data indicates that there are no significant differences in the behavior of the children. The means suggest that the children of the completers engage in slightly more noncompliance ($\bar{X}$ = 14.5) than the children of the terminators ($\bar{X}$ = 11.0), however, they evidence less deviant behavior such as whining, crying, and talking back ($\bar{X}$ = 24.3) than do the children in families who drop-out of treatment. ($\bar{X}$ = 27.6).

Those who complete parent training tend to have a higher income than those who terminate, although the differences are not significant. Families who finish parent training are in the $15,000 to 19,999 per annum income bracket whereas the terminators are in the $10,000 to 14,999 category. Completers are also more likely than terminators to be from two-parent families. A total of 75% of the two-parent families complete treatment compared with only 48% of one-parent families.

Parents who remain in therapy tend to report slightly more pathology on all measures administered at pretreatment. All of their mean MMPI

scale scores are higher, they indicate more distress on the marital adjustment test (DAS), and they report more deviance on all measures of their child's behavior. There are no differences between the completers and the drop-outs on parent IQ, child IQ, pretherapy expectations for success in treatment, or age of the child. There is a slight tendency for completers to be better educated and from a somewhat higher social class than the terminators.

These findings suggest that families who complete treatment are those that perceive their children to be experiencing significant behavior problems. The difference between completers and terminators seems to be in their subjective view of their child's behavior and not a reflection of actual differences in severity of the child's pathology as both groups of children are evidencing moderate to serious home behavior problems. Those who complete treatment may be in more subjective distress than those who discontinue and, consequently, may be more willing to admit and discuss problems in living than are those who terminate prematurely.

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Description of Subjects

	Completers	Terminators
One-parent families	48%	52%
Two-parent families	75%	25%
Sex of target		
Girls	58%	42%
Boys	68%	32%
	Mean (SD)	Mean (SD)
Age		
Child	73.67 months (15.5)	73.46 months (12.6)
Mother	30.7 yrs. (4.0)	30.0 yrs. (3.5)
Father	32.7 yrs. (4.6)	32.2 yrs. (4.7)
Education		
Mother	13.9 yrs. (1.9)	13.1 yrs. (1.9)
Father	13.9 yrs. (1.6)	12.5 yrs. (1.8)
Family income	$15,000-19,999	$10,000-14,999
Socio-economic status[a]	40.6 (13.2)	34.3 (9.4)
Alcohol consumed daily[b,c]		
Mothers	1.0 (0)	2.5 (1.3)
Fathers	1.5 (0.9)	2.5 (0.7)

Note. n = 39.

[a]Hollingshead 4 Factor Index of Socio Economic Status

[b]Ounces

[c]n = 10

Assessment Results[a]

	Completers $\bar{X}$ (SD)	Terminators $\bar{X}$ (SD)
Child		
Home behavior problems[b]	21.6 (5.4)	18.0* (4.5)
Noncompliance[c]	14.5 (13.1)	11.0 (8.3)
Deviance[c]	24.3 (24.4)	27.6 (30.2)
Internalizing[d,h]	69.0 (9.5)	63.5 (8.7)
Externalizing[d,h]	74.4 (8.3)	71.3 (7.6)
IQ[g]	107.3 (16.3)	105.3 (16.9)
Parent		
Pretherapy expectations	49.5 (15.3)	50.0 (18.6)
Marital adjustment[f]	95.3 (20.1)	101.6 (26.1)
IQ[g]	114.0 (7.0)	115.7 (7.0)
MMPI[h]		
D	60.8 (13.6)	59.9 (14.1)
Pd	62.9 (14.0)	62.7 (10.1)
Pa	59.3 (9.7)	54.4 (8.1)
Pt	58.0 (9.3)	57.1 (12.2)
Sc	57.5 (11.1)	52.6 (11.4)

Assessment Results[a]

[a] Mothers only

[b] Eyberg Child Behavior Inventory

[c] Observed in home

[d] Child Behavior Checklist

[e] Stanford-Binet

[f] Dyadic Adjustment Scale

[g] Shipley-Hartford

[h] Standard score, $\bar{X} = 50$